



Art With Jennie Registration Form

Please contact Jennie to confirm that space is available in a specific class. Print and complete this form and send it to her at the address below to guarantee a spot in class. ALL PAYMENTS MUST BE RECEIVED BY THE FIRST CLASS OF EACH SESSION.

Name of child _____

Date of birth _____ Grade _____ School _____

Name(s) of parent(s) / guardian(s) _____

Address _____

Town _____ State _____ Zip _____

Home phone _____ Work phone _____

Email _____

Emergency Contact Person _____ Phone _____

Food or other allergies? _____

In case of emergency, my child may receive emergency medical treatment.

_____ (parent/guardian signature and date)

I give permission for photos of my child to be used in brochures, publications, and on Jennie Harriman's website.

_____ (parent/guardian signature and date)

What creative activities does your child most enjoy? _____

What are your child's favorite subjects, such as animals, space, flowers? _____

Class(es) _____

Fee \$ _____

Total Enclosed \$ _____

For more info contact:
Jennie Harriman

phone: 802-299-0198
email: artwithjennie@gmail.com
www.artwithjennie.com

(Please make checks payable to Jennie Harriman)